

**McEWEN ENGINEERING
AND MINING CONSULTANT, INC.**

P.O. BOX 27
BEAVER DAM, KENTUCKY 42320
(270) 274-3356

September 4, 2009



Mr. Erich Cleaver
Division of Water
200 Fair Oak Lane
Frankfort, KY 40601

RE: KPDES NO. KYO023141-Permit Renewal
Rising Sun Resources, LLC.

Dear Mr. Cleaver:

Enclosed are the completed pages of the form SC that you requested in your letter, dated August 17, 2009, for the above referenced permitting action.

If you need further information, please contact me at (270) 274-3356.

Sincerely,

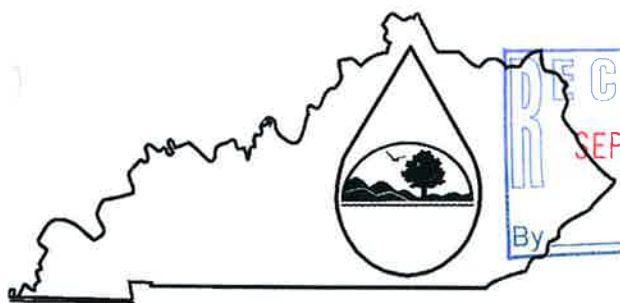
Stephen P. McEwen, P.E.
Stephen P. McEwen, P.E.

lv

KPDES FORM SC

AI# 1832

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY:											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	2	3	1	4	1
A. Do discharge(s) occur all year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				N/A							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): The lagoon was designed for coal employees bath house and toilet facility. This coal mine no longer produces and has shut down. The treatment lagoon now receives from bathroom facility from 4 employees (maximum).											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:				0.1197 MGD							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	48	30	87	32	28	Elam Ditch

Method used to obtain latitude/longitude
(i.e. GPS unit, USGS topographic map coordinates, etc.)

USGS Topographic Map

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sewage Lagoon	400 gal./min.	Open Digestion Lagoon	3-B

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☒ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		